

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1	/			
3		2	/			
4		2	/			
5		1	/			
6		1	/			
7		1	/			
8		1	/			
9		1	/			
10	/		/			
11		1	/			
12		2	/			
13		2	/			
14		1	/			
15		1	/			
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50						
TOTAL IND.	2		2			
TOTAL DEP.		22		18		
TOTAL CLAIMS	24		20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS